

STATE OF SOUTH CAROLINA

COUNTY OF: HAMPTON

IN THE MATTER OF: [REDACTED]

IN THE PROBATE COURT

PETITION FOR

CASE NUMBER: 2010 GC 2500010

- ☐ PROTECTIVE ORDER
☒ APPOINTMENT OF CONSERVATOR

Applicant/Petitioner: Russell Lafitte

Address: [REDACTED]

Telephone: [REDACTED]

1. Nature of interest of undersigned:

2. Information -- Minor/Incapacitated Person

Name: N [REDACTED] T [REDACTED]

Age: 15

Date of Birth: [REDACTED]

Social Security Number: [REDACTED]

Address: [REDACTED]

City/State/Zip [REDACTED]

Telephone (Home): [REDACTED]

(Office/other): [REDACTED]

To my knowledge, the above-named

☐ DOES☒ DOES NOT have a will

To my knowledge, the above-named

☐ DOES☒ DOES NOT have a power of attorney

3. Venue for this proceeding is proper in this county because the above minor/incapacitated person:

☒ resides in this county☐ does not reside in this county but has property in this county

4. The name and address of the above person's guardian, if any, is:

5. Information -- Family (list nearest relative first) of allegedly incapacitated person, including dates of birth of minors:

Name

Date of Birth

Address

Relationship

Rec'd in CDA 6 9/23/10

6. The following is a general statement of the property, assets and income of the above person, together with an estimate of the value thereof: (A full inventory, Form #550PC, shall be completed and filed with the Court within thirty days of appointment.)

Description	Value

7. The appointment of a conservator for the above person is necessary because (state reasons justifying appointment):
8. I request the appointment of:

Name: Russell Laffitte

Address:

Telephone (O):

Telephone (H):

whose priority for appointment as conservator for the above person is as follows:

- ☐ fiduciary appointed or recognized by the appropriate court of any other jurisdiction in which the protected person resides
- ☐ individual or corporation nominated by the protected person (if fourteen or more years of age and deemed mentally capable of making such a choice)
- ☐ attorney-in-fact appointed by protected person (Pursuant to S.C. Code Ann. Section 62-5-501)
- ☐ spouse of protected person
- ☐ adult child of protected person
- ☐ parent of protected person or person nominated by will of deceased parent
- ☐ other relative of protected person (specify): _____
- ☐ person nominated by the person who is caring for protected person or paying benefits to him/her
- ☐ nominated by one with priority to serve in his/her stead (specify): _____
- ☒ other (specify): Petitioner is Vice President of Palmetto State Bank and has the ability and willingness to serve as Personal Representative

9. The following persons are required by statute to be given notice of the time and place of hearing on this Petition:

Name

Address

Relationship

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10. I request that the Court set a time and place of hearing on this Petition; that the Court determine that the above person is a person for whom appointment of a conservator is proper; that the Court appoint _____ as the conservator for the above minor/incapacitated person; and that Letters of Conservatorship be issued to the conservator.

Executed this _____ day of _____, 20____

Signature: _____

VERIFICATION

The undersigned, being sworn, states: That the facts set forth in the foregoing statement are true to the best of the undersigned's knowledge, information and belief.

SWORN to before me this 26th day of
August 2010

[Redacted]

My Commission Expires: May 12th, 2020

Signature: _____

Name: _____

Address: _____

E-mail: _____

Telephone (O): _____

(H): _____

Russell L. Laffitte
Name: RUSSELL L. LAFFITTE

[Redacted]

QUALIFICATION AND STATEMENT OF ACCEPTANCE

I accept this appointment and agree to perform the duties and discharge the trust of the office of Conservator of the conservatorship of

Executed this 26 day of Aug 2010.

SWORN to before me this 26th day of
August 2010

[Redacted]

My Commission Expires: May 12th, 2020

Signature: _____

Name: _____

Address: _____

E-mail: _____

Telephone (O): _____

(H): _____

Russell L. Laffitte
Name: RUSSELL L. LAFFITTE

[Redacted]

Signature: _____

Name: _____

Address: _____

E-mail: _____

Telephone (O): _____

(H): _____

Signature: _____

Name: _____

Address: _____

E-mail: _____

Telephone (O): _____

(H): _____